

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 105  
Registered No. 136

**1. PLACE OF BIRTH**

County Gila, State \_\_\_\_\_  
District or Township Globe, or Village \_\_\_\_\_  
City Globe, No. Hackney Ave. St. \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

**2. Full name of child.** William Salazar,

{ If child is not yet named, make supplemental report, as directed.

<b>3. Sex of Child</b> <u>Male</u>	<b>To be answered ONLY in event of plural births.</b>	<b>4. Twin, triplet or other.....</b>	<b>5. Legitimate?</b> <u>Yes,</u>	<b>6. Date</b> <u>7</u> <u>3</u> <u>1926</u> Month Day Year
		<b>5. No., in order of birth.</b>		

**8. FATHER**  
Full name Augustine Salazar,

**14. MOTHER**  
Full maiden name Delia Reynolds,

**9. Residence**  
(Usual place of abode) Globe,  
If non-resident, give place and state.

**15. Residence**  
(Usual place of abode) Globe,  
If non-resident, give place and state.

**10. Color or race**  
Nex.  
**11. Age at last birthday** 47 (Years)

**16. Color or race**  
Mex.  
**17. Age at last birthday** 38 (Years)

**12. Birthplace (city or place)** Tucson,  
(State or country) Arizona.

**18. Birthplace (city or place)** Globe,  
(State or country) Arizona.

**13. Occupation**  
Nature of Industry Laborer

**19. Occupation**  
Nature of Industry Housewife,

<b>20. Number of children of this mother</b> <u>9</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>7</u> (b) Born alive but now dead <u>2</u> (c) Stillborn.....	<b>21. Were precautions taken against oph- thalmia neonatorum?</b> <u>Yes.</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was Born alive at 5:30P m. on the date above stated  
(Born alive or stillborn.)

Signature G. E. W. [Signature]  
Physician  
(Physician or midwife).

\*When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.

Given name added from  
a supplemental report \_\_\_\_\_  
Month, day, year \_\_\_\_\_  
Address Globe, Ariz.  
Filed 7-31 1926 H. H. Mont  
Registrar \_\_\_\_\_ Registrar

629-703-492

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.